

Quality Improvement Profile

The New York State Department of Health AIDS Institute's HIV Quality of Care Program has compiled crucial information from your HIV quality improvement program into a single profile report.

This quality profile contains longitudinal performance data on key quality indicators derived from the organizational HIV treatment cascade self-review, such as viral load suppression. It highlights quality improvement plans developed by the organization based on results of the review, consumer involvement in this process, as well as feedback from the quality coach and contract manager. Capacity building information such as participation in a quality learning network or regional group is also included. Please use this report to review the HIV quality management program's effectiveness and to make changes if needed. **We encourage sites to use the included data to focus on disparities in outcomes of patient groups to ensure equitable health and wellbeing for all patients.** Also, please let us know if there is an update that should be made to the contact information. If you have any questions or would like to request technical assistance or coaching for your HIV quality management program, please contact Dan Belanger at daniel.belanger@health.ny.gov.

Cascade Submission Date: **Review closed in November 2025**

Quality Improvement Profile Completion Date: **March 2026**

Latest Revision Date: **May 14, 2026**

Program Name: Mount Vernon Neighborhood Health Center Network

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Community Based Organization	Greenburgh Health Center	295 Knollwood Road	Greenburgh	10607
Community Based Organization	Mount Vernon Neighborhood Health Center	107 West Fourth Street	Mount Vernon	10550
Community Based Organization	School Based Health Program- Edward Williams School	9 Union Lane	Mount Vernon	10553
Community Based Organization	School Based Health Program- Mount Vernon High School	100 California Road	Mount Vernon	10552
Community Based Organization	Yonkers Community Health Center	30 South Broadway	Yonkers	10701

Important Contacts

<i>HIV Medical Director</i>	Cecilia Dean	cdean@mvnhc.org	(914) 699-7200
<i>HIV Program Administrator</i>	Lisa Bucknor	lbucknor@mvnhc.org	(914) 699-7200
<i>Lead Quality Improvement Contact</i>	Lisa Bucknor	lbucknor@mvnhc.org	(914) 699-7200
<i>NY Links Coach</i>	Nova West	nova.west@health.ny.gov	(212)-417-4542

Regional Group/Learning Network Participation

Affiliation: Community Health Center Quality Learning Network (CHCQLN), New York Links

Participated in Group Quality Improvement Project? Yes

Focus: Viral Load Suppression, Cascade Follow-up

Organizational HIV Treatment Cascade

Definitions of Key Indicators

On Antiretroviral Therapy: Documented prescription of one or more antiretroviral medications at any time during the review year.

Any Viral Load Test: Documentation of at least one viral load test at any time during the review year.

Viral Load Test within 91 Days (Newly Diagnosed Patients): Documentation of at least one viral load test performed within 91 days of initial HIV diagnosis.

Suppressed on Final Viral Load (Previously Diagnosed Patients): A value of less than 200 copies/mL on the final viral load test during the review year. Patients with no documented viral load test during the review year are scored as unsuppressed.

Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

3-day Linkage to Care (Patients Newly Diagnosed Within the Organization): A time interval of three days or less from initial HIV diagnosis to provision of HIV care. Only patients diagnosed by the participating organization, and not those referred by external providers or testing sites, are eligible for this indicator. Prior to 2019, documentation of HIV care was based exclusively on visit history (seen by a provider who could prescribe antiretrovirals, whether or not this was done), and an exception was made in 2017 (only) for individuals seen as inpatients (linkage within 30 days); beginning in 2019, documentation of first antiretroviral prescription was also used for this, and there were no exceptions to the 3-day limit.

NOTE: Data are not reported for subpopulations of fewer than 10 patients. This is done to address any concerns about confidentiality and avoid possible misinterpretation of results based on small populations. For brevity, throughout the profile, the number of applicable patients is reported using the “n=x” convention with x being the number of patients eligible for an indicator or within a demographic subpopulation.

Key Indicators

Figure 1. Viral Load Suppression at Last Test in Year among New to Care Patients (Other than Newly Diagnosed): Organization Rate from 2018 to 2024

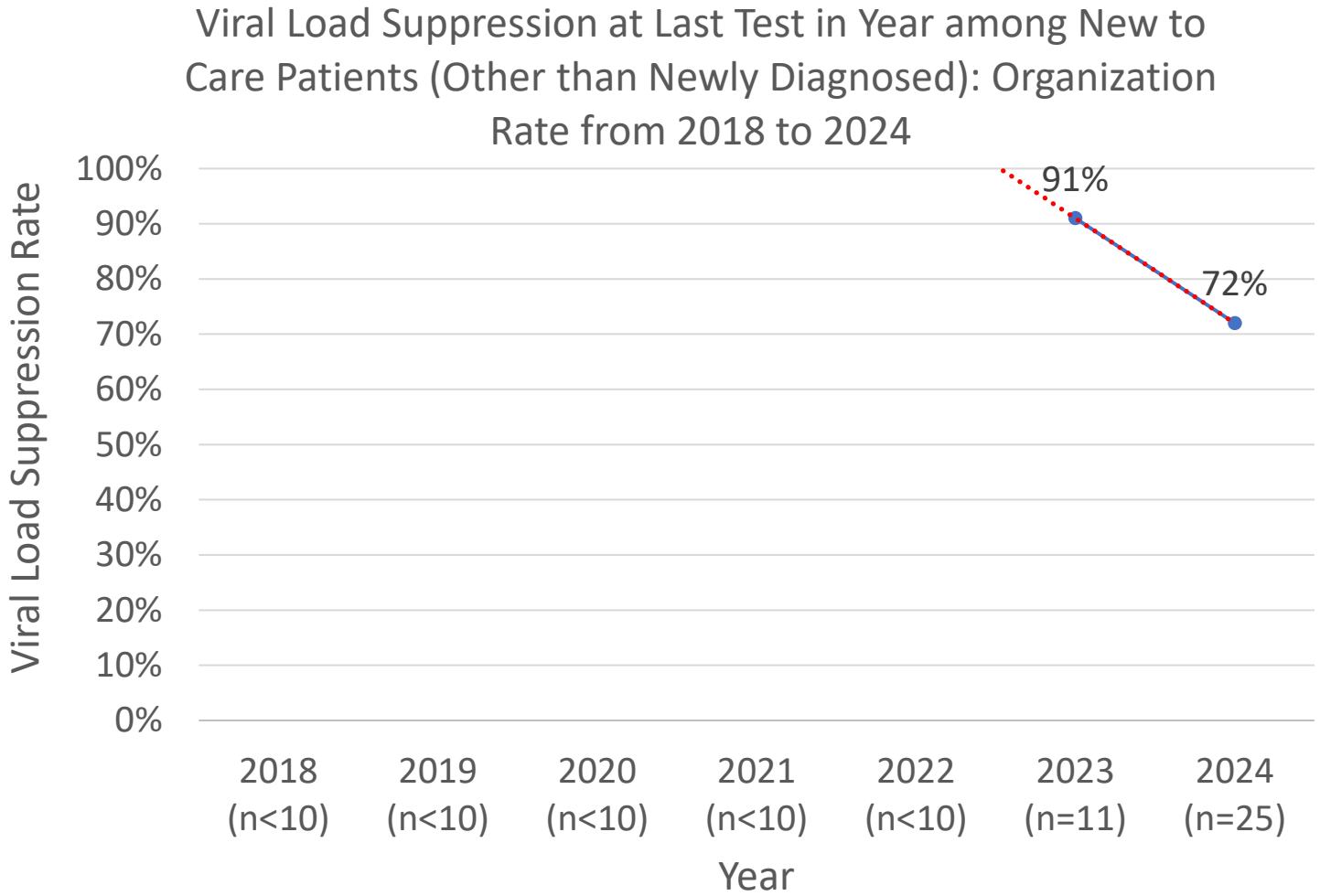


Figure 2. Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024

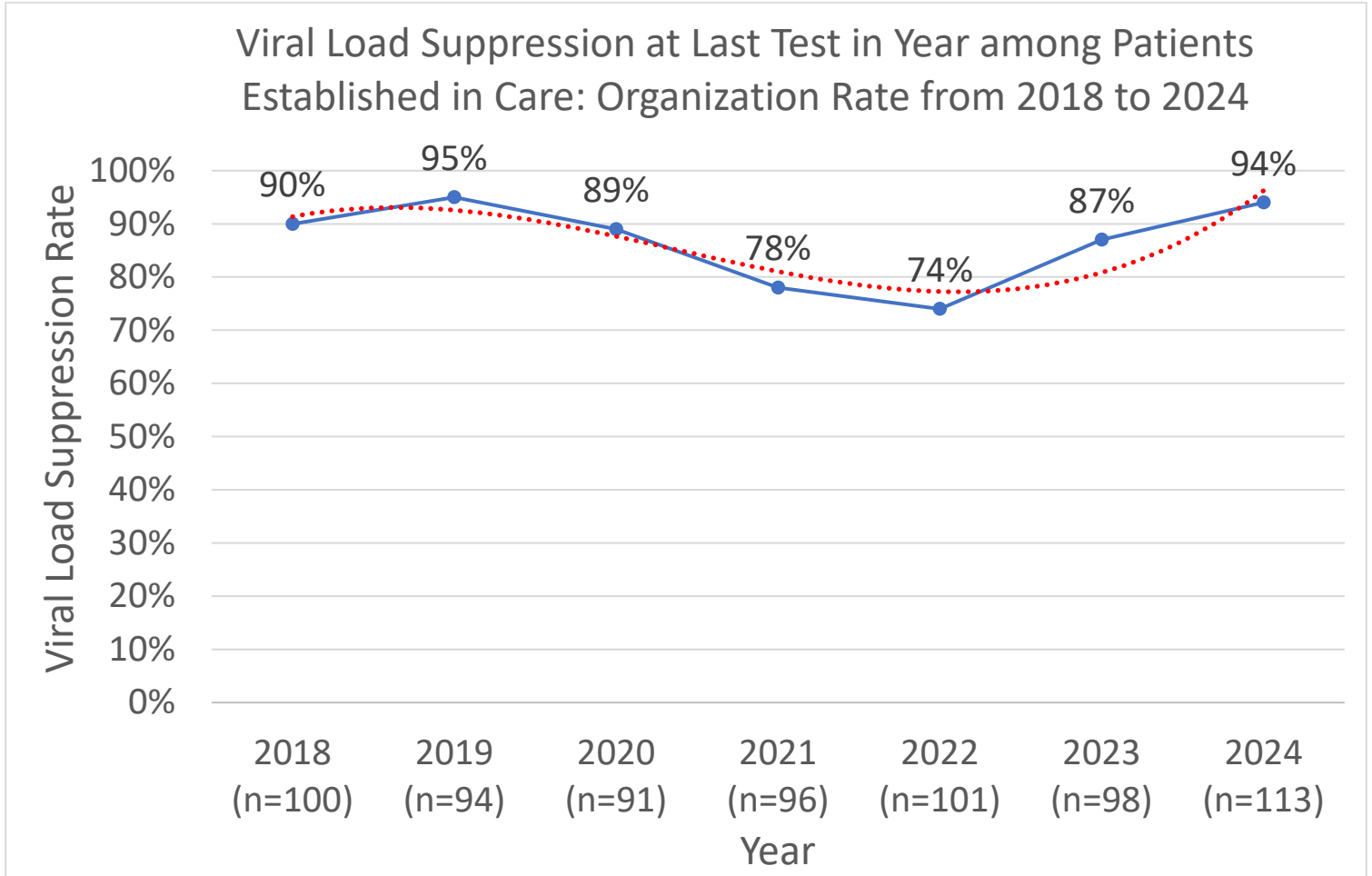


Figure 3. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

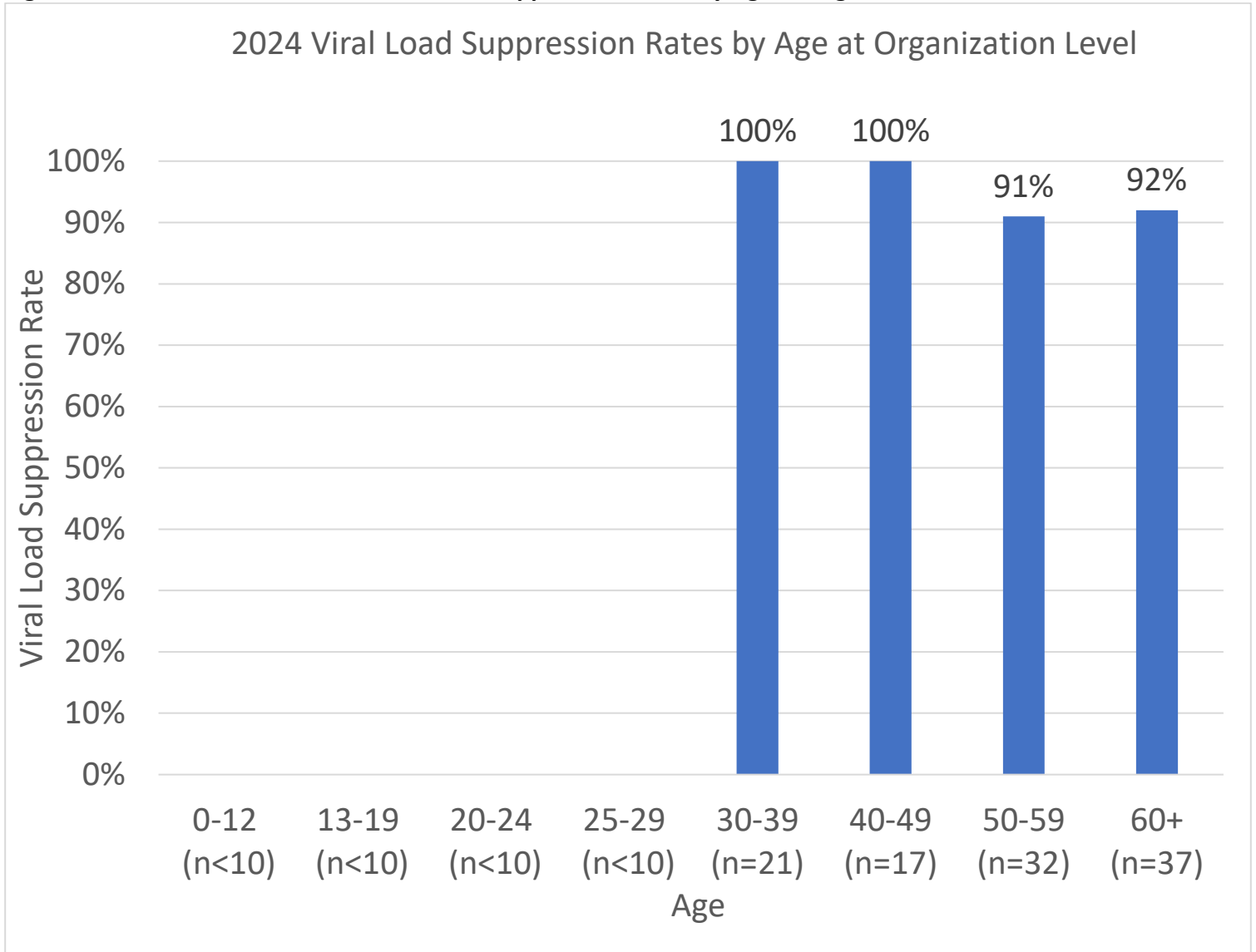
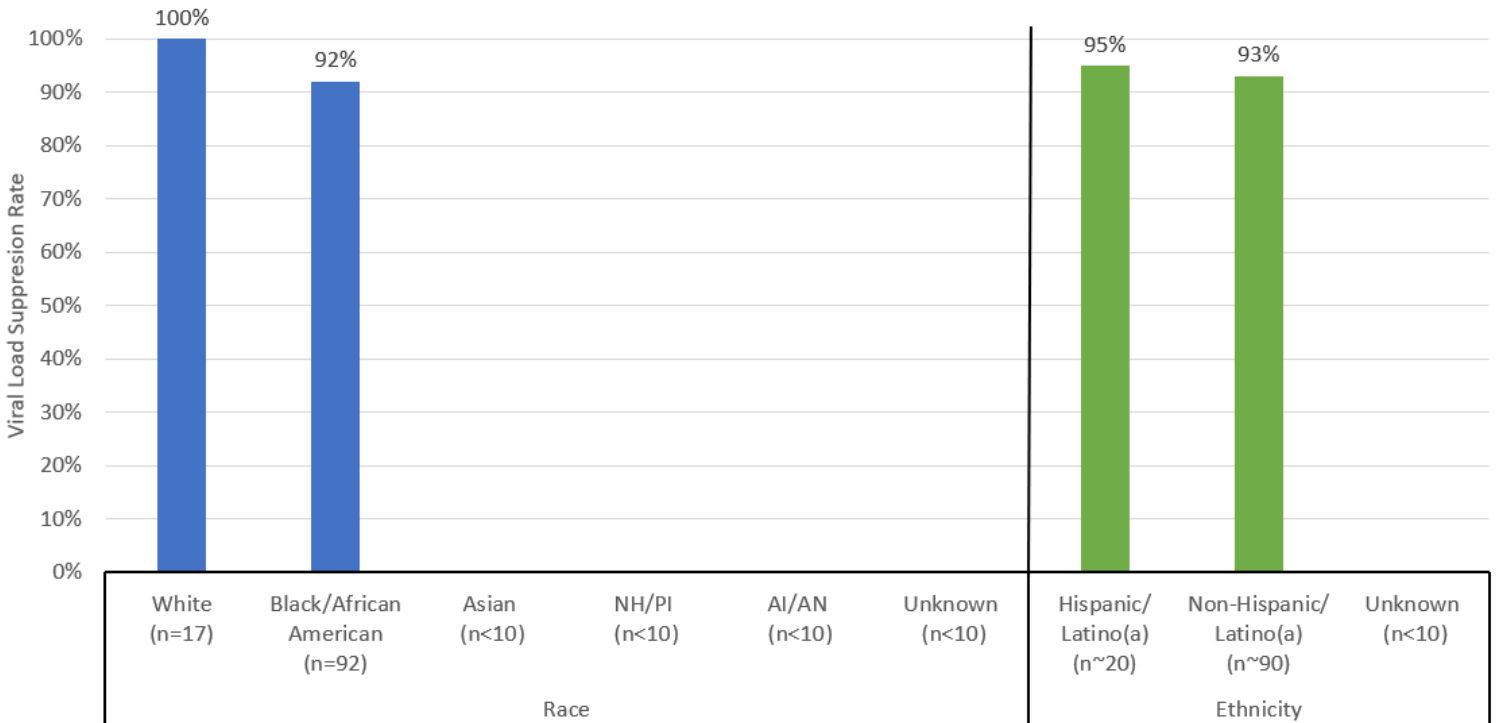


Figure 4. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level

2024 Viral Load Suppression Rates by Race and Ethnicity at Organization Level



Note: NH/PI = Native Hawaiian/Pacific Islander; AI/AN = American Indian/Alaska Native.

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE HIV QUALITY OF CARE PROGRAM

Table 1: Indicator Rates at Organization Level for 2018 to 2024

Patient Group	Indicator	2018		2019		2020		2021		2022		2023		2024	
		Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median
Newly Diagnosed	3-day Linkage to Care	-- (n<10)*	41%	-- (n<10)*	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	-- (n<10)*	63%	-- (n<10)*	53%
	On Antiretroviral Therapy	-- (n<10)*	96%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%
	Viral Load Test within 91 Days	-- (n<10)*	93%	-- (n<10)*	95%	-- (n<10)*	95%	-- (n<10)*	92%	-- (n<10)*	96%	-- (n<10)*	95%	-- (n<10)*	93%
	Suppressed within 91 Days	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%	-- (n<10)*	50%	-- (n<10)*	50%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	-- (n<10)*	74%	-- (n<10)*	80%	-- (n<10)*	82%	-- (n<10)*	79%	-- (n<10)*	76%	-- (n<10)*	83%
Other New to Care	On Antiretroviral Therapy	-- (n<10)*	97%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=11)	100%	100% (n=25)	100%
	Any Viral Load Test	-- (n<10)*	99%	-- (n<10)*	98%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	98%	100% (n=11)	98%	96% (n=25)	98%
	Suppressed Final Viral Load	-- (n<10)*	74%	-- (n<10)*	78%	-- (n<10)*	77%	-- (n<10)*	69%	-- (n<10)*	77%	91% (n=11)	80%	72% (n=25)	81%
Established Active	On Antiretroviral Therapy	97% (n=100)	99%	99% (n=94)	99%	100% (n=91)	99%	98% (n=96)	99%	99% (n=101)	100%	97% (n=98)	100%	99% (n=113)	100%
	Any Viral Load Test	97% (n=100)	99%	96% (n=94)	99%	100% (n=91)	97%	100% (n=96)	98%	99% (n=101)	98%	96% (n=98)	98%	96% (n=113)	98%
	Suppressed Final Viral Load	90% (n=100)	88%	95% (n=94)	89%	89% (n=91)	87%	78% (n=96)	88%	74% (n=101)	89%	87% (n=98)	91%	94% (n=113)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	97% (n=100)	95%	98% (n=97)	96%	99% (n=99)	96%	98% (n=96)	97%	99% (n=101)	97%	97% (n=98)	98%	99% (n=113)	98%
	Any Viral Load Test	97% (n=100)	93%	96% (n=97)	93%	96% (n=99)	90%	100% (n=96)	94%	99% (n=101)	93%	96% (n=98)	94%	96% (n=113)	93%
	Suppressed Final Viral Load	90% (n=100)	80%	94% (n=97)	83%	85% (n=99)	77%	78% (n=96)	79%	74% (n=101)	83%	87% (n=98)	83%	94% (n=113)	86%

* Data redacted due to small number of applicable patients (fewer than 10).

** Data for this indicator were not required for this review.

Table 2: Viral Load Suppression by Established Active Patient Demographic Group at Organization Level for 2024

AGE															
0-12		13-19		20-24		25-29		30-39		40-49		50-59		60+	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10*	--	<10*	--	<10*	--	<10*	--	21	100%	17	100%	32	91%	37	92%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
48	90%	64	97%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--		
RACE															
White		Black/African American		Asian		Native Hawaiian / Pacific Islander		American Indian / Alaskan Native		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
17	100%	92	92%	<10*	--	<10*	--	<10*	--	<10*	--				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~20	95%	~90	93%	<10*	--										
RISK FACTOR															
MSM		IDU Risk		Heterosexual Risk		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
23	96%	<10*	--	90	93%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
112	95%	<10*	--	<10*	--	<10*	--								
INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
32	94%	13	92%	43	93%	<10*	--	13	92%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

* Data redacted due to small number of applicable patients (fewer than 10).

Program Summary: Mount Vernon Neighborhood Health Center Network

Table 3: Indicator Rates at Clinic Level for 2018 to 2024

Year	Clinic	Newly Diagnosed	Other New to Care			Established Active		
		Baseline Resistance Test	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
2018	Mount Vernon Neighborhood Health Center	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	97% (n=100)	97% (n=100)	90% (n=100)
2019	Mount Vernon Neighborhood Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	99% (n=94)	96% (n=94)	95% (n=94)
	Yonkers Community Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2020	Greenburgh Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=90)	100% (n=90)	89% (n=90)
2021	Greenburgh Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	**	**	**	**	98% (n=93)	100% (n=93)	77% (n=93)
	Yonkers Community Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2022	Greenburgh Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	**	**	**	**	99% (n=97)	100% (n=97)	74% (n=97)
	Yonkers Community Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center School Based Health Program- Edward Williams School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center School Based Health Program- Mount Vernon High School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2023	Greenburgh Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	**	**	**	**	97% (N=96)	96% (N=96)	86% (N=96)
	Mount Vernon Neighborhood Health Center School Based Health Program- Edward Williams School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

Program Summary: Mount Vernon Neighborhood Health Center Network

	Baseline Resistance Test	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
Mount Vernon Neighborhood Health Center School Based Health Program- Mount Vernon High School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
Yonkers Community Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
Mount Vernon Neighborhood Health Center School Based Health Program- Edward Williams School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
Mount Vernon Neighborhood Health Center School Based Health Program- Mount Vernon High School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
Yonkers Community Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

* Data redacted due to small number of applicable patients (fewer than 10).

** Data for this indicator were not requested for this review or were not scored at this level.

Quality Improvement Interventions for 2025

Self-reported¹ based on 2024 results

Methodology

Information about all individuals with HIV that were seen in our organization was obtained from the Health Information Management system. Patients were not duplicated because of the parameters of the data extract. Patient information was extrapolated by encounter date and diagnosis code. The data was extrapolated by the Health Systems Management Director. The Administrative Director of HIV Services was responsible for entering the data into the Excel template. The Administrative Director of HIV Services reviewed the data for completeness and accuracy. The 2024 cascade data results were analyzed by the Director of Quality Management and the Administrative Director of HIV Services. The 2024 cascade data results were shared graphically with the Chief Medical Officer, the Quality Management Director, the HIV Specialist and the Medical Case Management team.

Key Findings

The key findings for this year's review were that overall, the scored data improved. There was a significant improvement in the performance rate for "viral load suppression among newly diagnosed patients." In 2023, the rate was 29%, and for 2024 the rate is 71%. This was not the area of focus for the previous submission's cascade quality improvement plan. The area of focus for the previous submission's cascade quality improvement plan was "viral load suppression among open patients." There was no significant decline in the performance rate in any of the measures between 2023 and 2024. In 2023, the viral load suppression among new to care patients was 91%, the numerator was 10, and the denominator was 11. For 2024, the viral load suppression among new to care patients was 72%, the numerator was 18, and the denominator was 25. All patients that were labeled as newly diagnosed were all diagnosed internally. For this year's cascade, frailty screening was not included as it was optional. Additionally, for this reporting year, the viral load suppression rate for Black patients was 92%, compared to a viral load suppression rate of 100% for White and Asian patients. For the prior reporting year, the viral load suppression rate for Black patients was 87%.

Quality Improvement Projects

Quality Improvement Project #1

Indicator: 3-day linkage of internally diagnosed patients

2024 rate for this indicator: 57%

Overall 2025 goal for this indicator: 70%

Description:

The goal for this indicator last year was 50%. Although the goal was surpassed by 7%, the goal for the next reporting cycle is 70%. The care team has been very diligent in ensuring that newly diagnosed clients are seen by the HIV Specialist as soon as possible. The HIV Specialist only works on [two days of the week]. Both days are supposed to be dedicated days for only clients with HIV. Occasionally, clients who do not have HIV are on her schedule. Active recruitment is still ongoing for an additional HIV Specialist. Support from other providers throughout the Organization has slightly improved.

¹ Text in square brackets represents minor edits by the Quality of Care Program to remove details about small groups of patients.

Program Summary: Mount Vernon Neighborhood Health Center Network

Consumer Involvement

Consumers reviewed the findings graphically, and detailed explanations of the findings were given by the HIV Specialist and the Administrative Director of HIV Services. Consumers are always involved in quality improvement work as they are always apprised of projects that are occurring in the Medical Case Management Department. Program clients continue to express that they "don't need a formal Consumer Advisory Board," as they are always very involved with their care, and they always provide meaningful input about program services on a daily/weekly basis. The informal client group meets at minimum two times per month, and findings are shared one on one.

Coach's Feedback and Updates on Cascade Quality Improvement Plan

Congratulations on the remarkable turnaround in viral load suppression rates, which now stand at 93% for established active patients, following declines in 2021 (78%) and 2022 (74%). Before COVID-19, the program's suppression rate for this group was consistently above 90%. Context was provided that the decline in suppression rates in 2021/2022 was attributed to the HIV Specialist no longer being dedicated exclusively to HIV-positive patients. The program reported that, as part of the 3-day linkage project, the HIV Specialist is now dedicated solely to HIV-positive patients and plans to recruit an additional HIV Specialist.

Recommend to ensure that gains are sustained through having dedicated clinic staff. Consider adding a second quality improvement project that targets viral suppression among this new-to-care group. Please submit frailty data in future submission.

Your team is welcome to participate in the Health Equity Data Collaborative, as it offers valuable opportunities for peer learning, sharing best practices, and gaining insights on how to use data more effectively to identify disparities and achieve even better outcomes.

Appendices

Note: Results from 2017 have been moved to this appendix to make room for more recent data in the tables and charts within this profile. Of note, the data for 2017 were reported through a different process that did not include submission of patient-level data. Any interpretation of changes between 2017 and 2018 and subsequent years should be made with this discontinuity in the process in mind.

**Appendix A-1
2017 Indicator Rates at Organization Level**

Established Active (n=102)			Open Previously Diagnosed (Active & Inactive) (n=116)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
99%	100%	100%	87%	88%	88%

**Appendix A-2
2017 Established Active Rates at the Clinic Level**

Clinic	Established Active		
	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
Mount Vernon Neighborhood Health Center (n=102)	99%	100%	100%